



FILL & GRADING APPLICATION

City of White Salmon
P.O. Box 2139
White Salmon, WA 98672
Phone (509)493-1133
Fax (509) 493-1231

PERMIT#

DATE RECEIVED:

DATE ISSUED:

PHYSICAL ADDRESS

LEGAL DESCR LOT NO. BLK TRACT ☐ SEE ATTACHED SHEET

OWNER MAIL ADDRESS ZIP PHONE

CONTRACTOR MAIL ADDRESS PHONE LICENSE NO.

ARCHITECT OR DESIGNER MAIL ADDRESS PHONE LICENSE NO.

☐ Cut ☐ Fill Total Cubic Yards

Site Condition: (Hill Side, Wet Area, Expansive Soil, Other)

Describe work

Water Supply Source:

Method of Sewage Disposal:

THIS SECTION FOR OFFICE USE ONLY

Fire Zone Use Zone No. of Dwelling Units

OFF STREET PARKING SPACES

Covered: Uncovered:

Special Approvals Required Received Not Required

ZONING

HEALTH DEPT.

FIREDEPT.

SOIL REPORT

OTHER (Specify)

Washington State Building Code, 2009 IBC 105.5 Expiration. Every permit issued shall become invalid unless the work on the site authorized by such permit is commenced within 180 days after its issuance, or if the work authorized on the site by such permit is suspended or abandoned for a period of 180 days after the time the work is commenced.

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction or the performance of construction.

SIGNATURE & DATE OF CONTRACTOR OR AUTHORIZED AGENT

SIGNATURE & DATE OF OWNER (IF OWNER BUILDER)

Fill (yds) (depth) \$

Cut (yds) (depth) \$

Plan Check \$

\$

Planning \$

Other \$

TOTAL \$

AMOUNT PAID \$

BALANCE DUE \$